Central Billing & Information System

Central Billing & Information System
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WHAT IS CBIS?

An acronym... CBIS stands for **C**entral **B**illing & **I**nformation **S**ystem. With CBIS all bills from providers are submitted to one, central office. This same office that verifies billing is authorized and sends instructions to pay from the KEIS funds.

An "umbrella" of funds... The First Steps early intervention system is comprised of a broad array of public and private service providers at the state and local level. All relevant funding sources must be utilized to ensure that needed services are provided to all eligible children and their families. CBIS pools all these funds to insure this mixture of funds is maintained and expanded and that family choice is maximized.

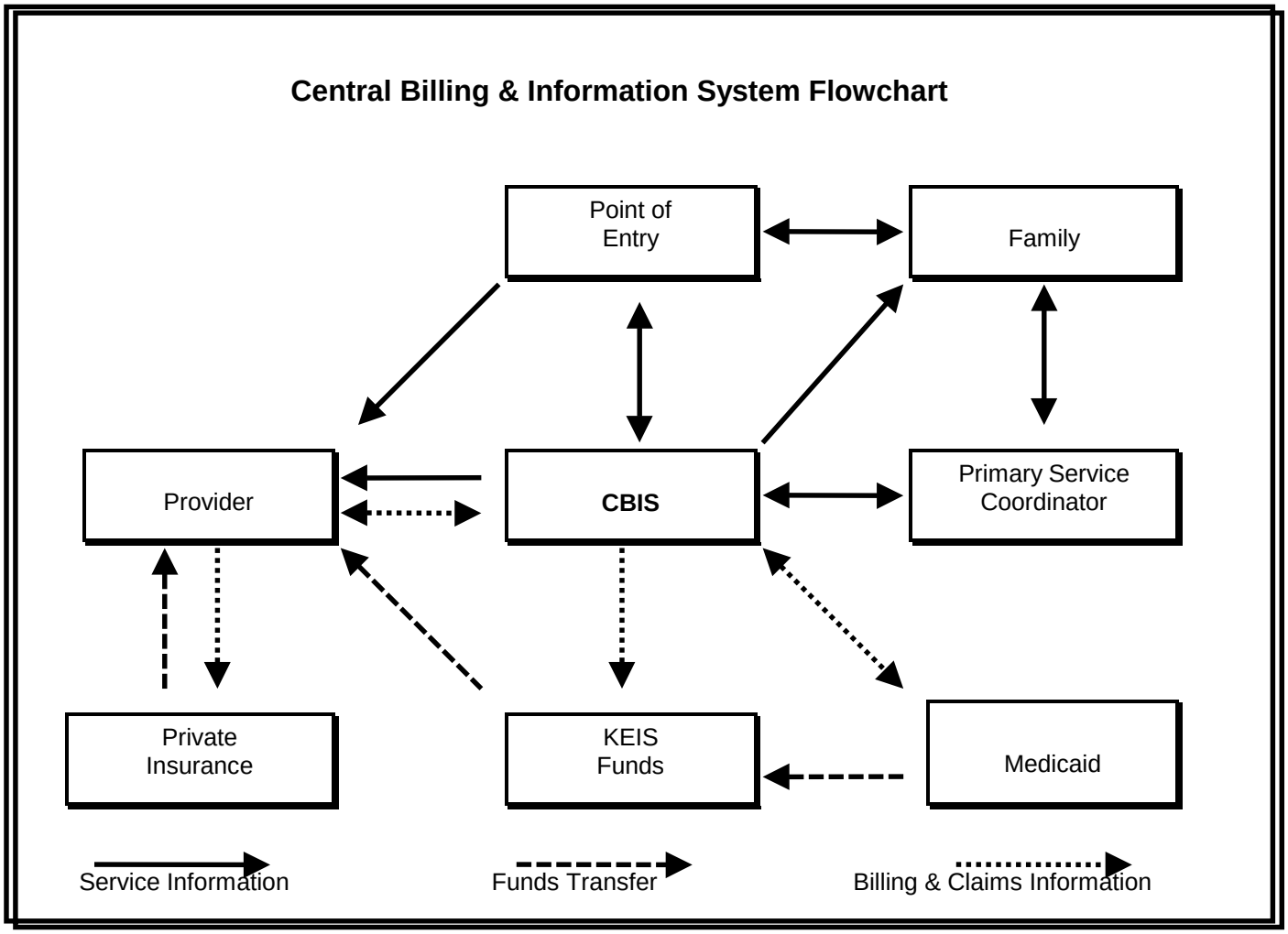
A revolving fund... Using a revolving fund, CBIS receives and dispenses all relevant state and federal resources for early intervention services as invoices are received. CBIS then seeks reimbursement from the appropriate fund source. During intake and through the period of eligibility/enrollment in First Steps, routine eligibility for other fund sources (such as Medicaid) is determined.

IFSP based... The Individualized Family Service Plan serves as the authorizing document for all early intervention services. Through an IFSP Summary Sheet, certain information from the IFSP is electronically stored at CBIS providing identifying information for the child and family, services authorized by the IFSP team, and funding sources for which the child and family are eligible.

Timely reimbursement... CBIS provides timely reimbursement to providers of early intervention services. Providers may enter data electronically as services are utilized by the child and family and forward a disk to CBIS so that payment can be generated. Service providers may also bill through CBIS using a variety of traditional billing forms. Lag time to reimburse the provider is minimized as payment is pre-authorized by the IFSP Summary Sheet and is distributed from the revolving fund.

An electronic information file... By centralizing information on services provided and costs, CBIS is able to respond to federal and state requirements for such data necessary to assess service utilization and costs. CBIS is also able to satisfy all financial reporting requirements for the various fund sources.

A central point for many activities... CBIS coordinates billing related communication involving providers, Points of Entry, Primary Service Coordinators, Families, Medicaid, and the State Treasury (KEIS funds).



Simplified and more efficient... There is a wide array of federal, state, and local, public and private resources available to finance early intervention services. While it's fortunate that the system does not rely on one single funding stream -- especially in times of budget cuts in public sector programs -- it can be difficult for families and providers to navigate through the maze of multiple funding streams; each pot of dollars tends to have special eligibility criteria or services for which it can be utilized. CBIS will manage the finances for the First Steps system statewide ensuring that:

- all relevant state and federal resources available to support early intervention services and activities are identified and maximized;
- there is timely reimbursement to providers for early intervention services;
- the financial and data reporting needs of various federal and state fund sources are met and that duplication of efforts to collect, maintain and report relevant data is avoided;

- there is a comprehensive data and financial system that can manage the level of early intervention resources so as not to exceed availability of funds and permit short- and long-term projections of the costs of early intervention services.

Common activities and operations... CBIS coordinates a variety of common activities and operations for the First Steps system, including...

- Enrolled providers
- Quarterly service and payment reports to PSCs
- Twice yearly service and payment reports to families
- Reminder of IFSP review dates

IFSP Summary sheet... The IFSP Summary Sheet (see "Detail" section) insures a consistent format for CBIS input and that all necessary authorization and funding support information is available. This Summary Sheet is prepared as a summary for the total IFSP and should be kept with the more detailed plan information. Only a copy of the Summary Sheet is sent to CBIS.

The Summary Sheet uses the Service and Discipline terminology as outlined in the state regulations. Service and Discipline combinations determine the state mandated maximum rates. More detail on this can be found in the Detail section and in the state regulations included in the back of this manual.

Reimbursement process... All First Steps and Medicaid eligible invoices are submitted to and paid through CBIS. Providers are authorized to bill CBIS based on the information provided by the IFSP Summary sheet.

CBIS is considered by Medicaid to be an authorized provider of Medicaid services. This allows <u>all</u> First Steps providers to see Medicaid children for First Steps services – regardless of whether they are Medicaid providers or not. This is because the providers will not be billing Medicaid directly. Rather they will be paid by KEIS which will then seek reimbursement from Medicaid.

Child identification number... Each child is assigned a unique CBIS Child Identifying Number. This allows for a uniform system of identifying each child across the state. When known, Social Security numbers can be maintained in the system as well, to provide an additional identifier for tracking service events. In addition, the system will maintain Medicaid ID numbers for purposes of seeking reimbursement for Medicaid eligible services. The POE will assign the number for each new child using a number assignment log provided by CBIS.

The Child ID is a nine digit number. The first two digits identify the POE, the next two identify the year the child entered the system, and the last five numbers are a unique number assigned sequentially.

Creation of a statewide electronic data base... Provider participation in CBIS requires certain data be maintained as part of the child's early intervention record. These data must be collected and maintained electronically in order for the provider to receive reimbursement for services to eligible children and their families. These data

elements are contained in the Summary Sheet (see “Detail” section). Data required by CBIS meet the information and reporting requirements for Medicaid and the Part C program as they pertain to early intervention services.

CBIS is primarily concerned with billing records. Therefore, early intervention providers must continue to maintain clinical files that store individual assessment protocols, reports, service documentation, correspondence and releases.

Plan “update due” notification... CBIS relies on the IFSP to authorize billing. If the IFSP is not updated when due, CBIS will be unable to reimburse providers. To help keep IFSPs current, CBIS will send a notice to the Primary Service Coordinator 60 days before the IFSP expires. The family will also receive notification of the services received by their child at the same time.

CBIS summary reports... Each quarter PSCs will receive a listing of CBIS payments made for services rendered to all their children. Providers will receive twice monthly statements as remittance advice. Twice a year each family will also receive a listing of all CBIS payments made for services rendered to their child.

WHAT DO I NEED TO DO?

POEs & PSCs

Use Summary sheet & Child ID to notify CBIS of new children... When new children enter the First Steps system, the POE should follow these steps to notify CBIS:

1. Enter the child into the Child Data Book supplied to each POE by CBIS and assign a unique CBIS child identifying number following CBIS guidelines (by entering the child on the next open line).

2. Complete the IFSP Summary Sheet with the child's personal information and CBIS ID. Enter any services that will be provided (e.g. Initial Service Coordination) and return a copy of the form to First Steps CBIS at Urban Studies Institute, 426 W. Bloom St., Louisville, KY 40208-5457 or fax it to (502) 852-1249. Remember -- this document is the authorization for services that CBIS will use to approve payment.

3. If a child's Primary Evaluation indicates s/he is not eligible for services you must still complete the Summary Sheet to authorize payment for the evaluation and whatever coordination time was expended. If you have already sent an IFSP Summary Sheet to CBIS for the child, send an update to CBIS changing the child status from pending to ineligible.

Use new Summary sheet to notify CBIS of updates... When information for a child currently in CBIS system changes (*including participation or eligibility status)*, the PSC should notify CBIS using the IFSP Summary Sheet (see Detail section under "IFSP Summary Sheet"). The form only needs to contain the revised information. Simply check the "update" box in the upper right hand corner to let CBIS know this is revised information.

Providers, POEs & PSCs:

Billing CBIS... When the POE or PSC has completed the summary sheet showing a service is authorized in the IFSP, billing may begin.

Bills should be send directly to First Steps Central Billing & Information System, Urban Studies Institute, 426 W. Bloom Street, Louisville, KY 40208-5457. Bills may also be faxed if they are under 20 pages in total length to (502) 852-1249. Providers may either use the Billing Form provided by CBIS (a copy of which may be found in the Detail section under “Billing Information & ...”) or they may use their current format -- provided the minimum information CBIS requires is included. Electronic billing using a modified HCFA 1500 format or Excel spreadsheet is also available. The file layouts are also included in the Detail section under “Billing Information & Provider Forms”.

Providers who fax bills to CBIS or send data electronically must have a signed media addenda statement on file with the Commission for Children with Special Healthcare Needs. This statement is included in the provider agreement packet supplied by the Commission.

All Correspondence with CBIS should include the child’s name and CBIS Child ID number provided by the First Steps Point of Entry. The minimum information required for billing may be found in the Detail section under “Billing Information & Provider Forms” .

COVERED SERVICES & RATES

The following pages contain information on covered services, applicable service units, and service rates. This information can also be found in the state regulations contained in the back of this manual.

The state regulations specify new Service and Discipline terminology which is used by CBIS. Briefly, the Disciplines and Services are as follows:

DISCIPLINES	
Audiologist	Physical therapist
Assistive Tech. Specialist	Physical Therapist Assistant
Certified Psychologist Assoc.	Primary Service Coordinator
Certified Psychologist	Physician
Developmental Interventionist	Registered Nurse
Developmental Associate	Respite Provider
Dietitian	Social Worker
Family Therapist	Speech Therapist
Initial Service Coordinator	Speech Therapist Assistant
Integrated Disc. Provider	Teacher of Deaf/Hard of Hearing
Intensive Level Evaluator	Teacher of the Visually Impaired
Licensed Psychologist	Transportation - Taxi
Licensed Practical Nurse	Transportation - individual auto
Nutritionist	Transp - non commercial group
Occupational Therapist	
Occupat. Therapist Assist.	
Orientation and Mobility	

SERVICES
Assistive Technology Equipment
Collateral Service – office/center based
Collateral Services - home/community based
Integrated disciplines center-based service
Initial Service Coordination - office/center
Initial Service Coordination - home/community
Intensive Level Evaluation
Primary Evaluation
Primary Service Coordination - office/center
Primary Service Coord. - home/community
Respite
Service Assessment - office/center
Service Assessment - home/community
Therapeutic Intervention - office/center
Therapeutic Intervention - home/community
Therapeutic Intervention - group setting
Transportation

The disciplines and services provide a degree of detail which aids assessment of service utilization statewide. For example, what was once called “Physical Therapy” is now called “Therapeutic Intervention (home or office)” provided by a “Physical Therapist”. Combinations of services and disciplines determine the state mandated maximum rates. More detail follows.

Covered Services

Covered services are contained in regulation 911KAR 2:160 which can be found online at the LRC website.

Service Units

Providers must bill for services using the units of service designated by the state. The following table describes the correct units for each service as well as the maximums and the codes that can be used in communicating to CBIS.

Please note: for most services one unit is equal to 15 to 29 minutes, two units is equal to 30 to 44 minutes, etc. The exception is Initial and Primary Service Coordination where one unit is equal to 1 to 22 minutes, two units is equal to 23 to 37 minutes, etc. Initial and Primary Service Coordinators are also the only disciplines which can accumulate time over the course of a day. For example: if a PSC makes four 10-minute calls during one day to set up a child's IFSP meeting then s/he can bill for 40 minutes of service coordination for that child, or 3 units for that day.

Code	Service	Units	Maximum (unless pre-authorized by Dept. of CCSHCN)
X0076A	Primary Service Coordination, Office or Center-Based	¼ hour	No more than 15 hours per child per 6 month period total for Primary Service Coordination
X0076B	Primary Service Coordination, In-Home or Community	¼ hour	
X0064A	Initial Service Coordination, Office or Center-Based	¼ hour	No more than 25 hours per child per period of eligibility total for Initial Service Coordination
X0064B	Initial Service Coordination, In-Home or Community	¼ hour	
X0011	Primary Evaluation,	**per event**	
X0012	Intensive Level Evaluation	per event	
X0014A	Service Assessment, Office or Center-Based	per ¼ hour	No more than 2 1/2 hours per child, per discipline, per assessment. No more than 4 assessments, per discipline, per child from birth to age three.
X0014B	Service Assessment, In-Home or Community	per ¼ hour	
X0050	Therapeutic Intervention, Office or Center-Based	per ¼ hour	No more than 1 hour of service per day per child per discipline and staff position. No more than 1 office visit per child per day per discipline, except that billing for a collateral visit with the family in the same day shall be allowed (see 911 KAR 2:200 Section 4 (4) for a complete listing of maximums.
X0060	Therapeutic Intervention, In-Home or Community	per ¼ hour	
X0051	Therapeutic Intervention, Group Setting	per ¼ hour	Maximum number of children with disabilities in a group shall be no more than 3 per discipline.
X0058A	Collateral Services, Office or Center-Based	per ¼ hour	
X0058B	Collateral Services, In-Home or Community	per ¼ hour	
X0101	Respite	per ¼ hour	No more than 8 hours per child per month
X0015	Integrated Disciplines Center-Based Services	per ¼ hour	
X0099	Assistive Technology	**per item**	
X0102	Transportation	**loaded mi.**	

Disciplines

The following is a list of First Steps CBIS Disciplines and the codes to be used in CBIS billing. More detailed information about each discipline can be found in the state regulations which are in the back of this manual.

For Therapeutic Intervention (Home/Community or Office/Center Based), Collateral Services, or Service Assessment:

Disciplines	***Code***
Audiologist	01
Assistive Technology Specialist	32
Family Therapist	02
Developmental Interventionist	03
Developmental Associate	04
Developmental Assistant	05
Registered Nurse	06
Licensed Practical Nurse	07
Nutritionist	09
Dietitian	10
Occupational Therapist	11
Occupational Therapist Assistant	12
Orientation and Mobility Specialist	13
Physical Therapist	14
Physical Therapist Assistant	15
Licensed Psychologist	16
Certified Psychologist with Autonomous Functioning	17
Certified Psychologist Associate	08
Speech Therapist	18
Speech Therapist Assistant	19
Social Worker	20
Physician	21
Teacher of the Deaf and Hard of Hearing	22
Teacher of the Visually Impaired	23
For Group Therapeutic Intervention, Discipline Should be Either:	
Single Discipline Group Therapist	33
Multidisciplinary Group Therapist	34
For Primary Service Coordination, Discipline Should Always Be:	
Primary Service Coordinator	24
For Initial Service Coordination, Discipline Should Always Be:	
Initial Service Coordinator	25
For Primary Evaluation, Discipline Should Always Be:	
Primary Evaluator	26
For Intensive Level Evaluation, Discipline Should Always Be:	
Intensive Evaluator	35
For Respite Services, Discipline Should Always Be:	
Respite Provider	27
For Integrated Disciplines, Discipline Should Always Be:	
Integrated Disciplines Service Provider	28
For Transportation Services, Disciplines Should Always Be One Of:	
Commercial Taxi	29
Individual Auto	30
Non-Commercial Group Carrier	31
For Assistive Technology Devices, Discipline Should Always Be:	
Assistive Technology Specialist	32

Service Rates

The state has set maximum rates for each Service/Discipline combination. Providers will not be reimbursed for amounts that exceed the authorized rate. Providers also cannot bill CBIS at a higher rate than they charge the general public. When the provider's rate is lower than First Steps' established maximum, the provider will be reimbursed for only the amount billed. Maximum service rates for disciplines/ services can be found in the payment regulations (911 KAR 2:200).

BILLING INFORMATION & PROVIDER FORMS

Minimum Information

Minimum information required on bills for payment include the following:

- CBIS Provider ID number
- Child CBIS ID number
- Child Name
- Discipline of Service Provided (Physical Therapist, Speech Therapist, Initial Service Coordinator, etc.)
- Service (Assessment Office/Center, Assessment Home/Community, Intervention Office/Center, and Intervention Home/Community)
- Number of Units (most cases 1/4 hours, but may be miles in the case of transportation, or number of items in the case of equipment)
- Professional (person who actually delivered the service to the child)
- Date of service
- Amount (if any) expected from a 3rd party insurance carrier other than Medicaid
- Total amount for services (CBIS will calculate the difference from expected third party payment).

Resubmittals

DO RESUBMIT your billing when:

- You notice an error made on your original billing that resulted in a denial, such as incorrect date, child CBIS id, service code or discipline code.
- You were paid an incorrect amount due to an error on the original billing in regard to units or invoice amount.
- You do NOT see your billing on EITHER your mismatch (denial) letter from CBIS OR your remittance advice (payment listing).

DO NOT RESUBMIT your billing when:

- You have been denied payment, but nothing on the bill is incorrect. Your billing will stay current in the CBIS system until one year from the date of service. After one year from the date of service, your billing CANNOT be paid, regardless of proof of IFSP authorization. Please review your billing in a timely way.

If your billing has been denied, but the billing is all correct, please review the denial code on your mismatch (denial) letter. It can help you determine why the billing was denied. Also review your copy of the summary sheet to make sure it is filled out completely and correctly, and that you are billing with the same codes that were authorized. When your billing matches the summary sheet exactly and you are still

denied payment, please allow some time (usually two weeks or one cycle) for the PSC to get the paperwork on new or renewed plans to CBIS, and for CBIS to process it. Many times, your billing will pay on the next cycle after paperwork has been processed.

If you do need to resubmit your billing to correct something, please include (in addition to the minimum billing information above) the CBIS event number for each bill located on either your remittance advice or mismatch letter.

Third Party Billing

CBIS does not process third party billing. The provider must handle this on their own. CBIS, however, will reimburse charges for qualified First Steps services that exceed the third party insurance reimbursement – up to the maximum amount allowed by the state.

When you bill CBIS include the amount paid by the third party insurance along with the total invoice amount. CBIS will pay the difference between the two as long as the combined amount of that paid by the third party insurance and CBIS does not exceed the state maximum. In this way CBIS will cover co-pays as well as any other amount that the third party insurance declines for First Steps qualified services. When submitting your billing, include a copy of the insurance EOB. You have 60 days from the date of the EOB to get your billing to CBIS.

Always bill claims with third party amounts on paper. Do not submit them to CBIS electronically.

Deductibles – Be sure to bill the claim to the insurance so it will be applied to the family's deductible. Then bill CBIS with the copy of the EOB denying payment. Show $0.00 as the third party amount on your CBIS bill, and your total invoice amount. First Steps will cover the payment up to the state maximum or your total invoice amount, whichever is less.

Copays – For claims with copays, always attach the EOB to your bill. Show the third party amount on your bill as the amount the third party paid. Show the total invoice amount as the amount you have been paid PLUS the copay.

For example, if an insurer reimburses you $70 per hour of speech therapy with a $10 copay to the family, you would show the third party amount as $70 and the total invoice amount as $80. CBIS would calculate the difference and pay you for the copay amount.

BE VERY CAREFUL, however. Please review your provider agreement with the insurer. In the example here, if you are billing speech therapy as therapeutic intervention in the home or community setting (X0060), the state maximum amount is as much as $94 per hour. If you try to recover the full state maximum amount (basically a $24 copay) you might be in violation of your provider agreement with the insurer. Likewise, if you are billing therapeutic intervention in the office setting, First Steps will NOT pay the $10 copay, because the state maximum is $70 per hour, and you will be

considered paid in full by the insurer. First Steps cannot exceed state maximums, INCLUDING third party amounts.

Total invoice amount = Third party payment + Copay amount

First Steps pays ***lesser*** of:

State Maximum rate for Service/discipline	Total invoice amount – 3rd Party Payment

Billing For Service Coordination

Initial and Primary Service Coordinators may bill for as little as one (1) minute segments of time while other services can not bill for time less than 15 minutes. Units for Coordination are calculated differently than those for Therapeutic Intervention, Collateral, Assessment, etc.

# Units	*Service Coordination Services*	*Non-Service Coordination Services*
1	1-22 *Minutes*	15-29 *Minutes*
2	23-37	30-44
3	38-52	45-59
4	53-67	60-74

Time for Initial and Primary Service Coordination for a particular child may also be accumulated over the course of a day and the total for the day billed to CBIS. For example: if a PSC makes four 10-minute calls during one day to set up a child's IFSP meeting then s/he must bill for 40 minutes of service coordination or 3 units of service for that day. **Do** not make four separate bills for each phone contact. The first will be paid, the following three will deny as duplicate billing. Initial and Primary Service Coordinators are the only discipline that can accumulate time over the course of a day.

Please note: Service coordination is the ONLY discipline that can bill for less than 15 minutes and accumulate time over the course of the day. All other disciplines must bill in full quarter hour units (minimum 15 minutes) for each individual service event.

Payor Source

The IFSP Summary Sheet asks for a payor source for each discipline/service. There are only two options to complete this blank: First Steps and Other. Instructions are found on the back of the IFSP Summary Sheet. They are:

- Use **First Steps** for all pending or eligible children receiving any First Steps services from a First Steps provider if CBIS will be receiving any portion of the bill for the service, even if the child has a Medicaid card.

- Use **Other** for services paid 100% by a non First Steps source such as a local or private payor where CBIS will not be billed for the services. CBIS also considers as "Other" services provided by non-First Steps providers. E.g. If the family chooses a Medicaid provider who is not a First Steps provider, they may still go through an appropriate Medicaid program. CBIS considers this an "other" payor source.

Bill Processing Schedule

As a rule, CBIS will send payment information to the State KEIS Fund twice monthly. Bills must be received on the cut off date to be processed by the "Funds Notification Date". The calendar can be found at the CBIS website at http://cbis.louisville.edu.

Provider Forms

New provider agreements are handled by the state (call 502/595-4459 ext.282). When a provider signs up with the state they also complete an enrollment form for CBIS. Please contact the number above for a copy of the enrollment form. This form is also used by providers to update information about their organization (e.g., when staff are added).

Providers may bill on CBIS billing forms, their own invoices, or electronically. CBIS requires that all paper forms bill for only one child per page. Following is a copy of the CBIS billing form.

CBIS BILLING FORM

PROVIDER CBIS ID:	DATE OF BILLING:	PROVIDER INVOICE NUMBER (IF ANY, OPTIONAL):
CBIS CHILD ID	FIRST NAME	LAST NAME

DATE OF SERVICE (mm/dd/yy)	DISC. (use code below)	SERVICE (use code below)	UNITS	AMOUNT PAID BY 3rd PARTY	TOTAL INVOICE AMOUNT	PROFESSIONAL NAME	CHECK IF RESUBMITTAL	CBIS EVENT NO. OF PREVIOUS SUBMITTAL

CODES FOR DISCIPLINES:

Audiologist 01
Family Therapist 02
Developmental Interventionist 03
Developmental Associate 04
Developmental Assistant 05
Registered Nurse 06
Licensed Practical Nurse 07
Certified Psychological Associate 08
Nutritionist 09
Dietician 10
Occupational Therapist 11
Occupational Therapist Assistant 12
Orientation and Mobility 13
Physical Therapist 14
Physical Therapist Assistant 15
Licensed or Certified Psychologist 16
.....
Speech Therapist 18
Speech Therapist Assistant 19
Social Worker 20
Physician 21
Teacher of the Deaf/Hard of Hearing 22
Teacher of the Visually Impaired 23
Primary Service Coordinator 24
Initial Service Coordinator 25
Primary Evaluator 26
Respite Provider 27
Integrated Disciplines Service Prov. 28
Transportation (taxi) 29
Transportation (individual auto) 30
Transportation (non-comm. group carrier) 31
Assistive Technology Provider 32
Intensive Level Evaluator 35
Five-Area Assessor 38

CODES FOR SERVICES:

Primary Service Coord. (Office/Ctr based) X0076A
Primary Service Coord. (Home based) X0076B
Initial Service Coord. (Office/Ctr based) X0064A
Initial Service Coord. (Home based X0064B
Primary Evaluation X0011
Service Assessment (Office/Ctr based) X0014A
Service Assessment (Home based) X0014B
Therapeutic Intervention (Office based) X0050
Therapeutic Intervention (Home based) X0060
Therapeutic Intervention (Group Setting) X0051
Therapeutic Co-treatment (Office based) X0050C
Therapeutic Co-treatment (Home based) X0060C
Integrated Disciplines Center-based X0015
Collateral Services (Office/Ctr. Based) X0058A
Collateral Services (Home based) X0058B
Assistive Technology X0099
Respite X0101
Transportation X0102
Intensive Level Evaluation X0012

CENTRAL BILLING AND INFORMATION SYSTEM
UNIVERSITY OF LOUISVILLE ~ URBAN STUDIES INSTITUTE ~ 426 W BLOOM ST ~ LOUISVILLE, KY 40208-5457
PHONE: (800) 781-2967 / (502) 852-7699 ~ FAX: (502) 852-1249

INSTRUCTIONS FOR FILLING OUT THE CBIS BILLING FORM

NOTE: It is not essential that you provide the First Step's Central Billing and Information System (CBIS) with billing data using the CBIS billing form. CBIS is able to process your billing information on whatever invoices you currently use, including simply printing out the data from your computerized databases. However, you must provide CBIS with the minimum information requested on this form.

In the top left box of the table, enter your CBIS Provider ID. This is the ID number given to you by CBIS. **No billing can be processed without your CBIS ID**. In the top middle box, indicate the date that you are preparing your payment request. You may use the top right box for any internal invoice number you may need for your own records. On the second line of the form, enter the child's 9 digit CBIS ID number and name. All bills on a single form should be for this child. The ID number should have been communicated to you through the child's primary service coordinator. Please use this ID for all correspondence with CBIS concerning the child.

Each subsequent line of the table should be used to request payment for a unique service provided for a KEIS eligible child. If a single child has received several services for which you are requesting payment, please use a separate line for each service. Also use a separate line for each date of service. You may accumulate units only for services X0076A/B and X0064A/B, and only within a given date of service.

Enter the code for the discipline and service provided to the child (see your First Steps CBIS Policies and Procedures Manual for definitions of these terms if needed). Record the date that the service was provided. Record the number of units provided. Remember to refer to your manual when in doubt as to the appropriate number of units. Most services use 15 minute increments as units of service.

If the child's family has opted to bill their third party insurance, indicate the amount for which you have received payment, and attach the EOB.

In the "Total Invoice Amount" column, enter the total amount you are billing for the service, including any amount billed to a third party insurance.

Record the name of the professional who actually provided the service to the child. You should have supplied the names and social security numbers of these persons to CBIS on your enrollment form. If you have any additions to this list of professionals, please submit an additional enrollment form to the Commission for Children with Special Health Care Needs.

Finally, if you are resubmitting a bill to correct for a mistake, or because you received a different amount from a third party insurance than you had claimed, check the column "Check if Resubmit." You must also include the CBIS Event number of the original submittal which is on your letter of denial ("mismatch letter") or on your remittance advice. Be sure that the Total Invoice Amount is the total billed amount including all partial payments through CBIS, third party insurance, and the unpaid amount. If you received an overpayment, notify KEIS.

Electronic Billing Instructions

General Information

There are two ways to bill CBIS electronically for First Steps claims. First, you may follow instructions in the First Steps Policies and Procedures manual and create an Ascii text file according to the given specifications, which we have attached for your convenience. Second, you may create an Excel spreadsheet according to specifications that follow. Please do not use a more recent version of Excel than Excel 97 (i.e. if you use Excel 2000, please save the file with an Excel 97 format). After you have created either type of file, you may send a disk to CBIS, 426 W. Bloom St., Louisville, KY 40208 or you may email a note with the file attached to cbis@louisville.edu.

Excel Specifications

Use only one worksheet in the file (i.e., do not separate the file into multiple worksheets in one spreadsheet)

Do not include resubmittals, these must be processed on paper

Include all of your billing in one spreadsheet (i.e., you do not need separate spreadsheets for each child you bill for)

Row 1 should contain column headings exactly as stated below:

Column	***Heading***
A	CBIS Child ID
B	Child Name
C	Date of Service
D	Service Code
E	Discipline Code
F	Invoice Amount
G	Total Units
H	Professional Name
I	Invoice Number

If you do not use invoice numbers, please fill in column I with your billing date.

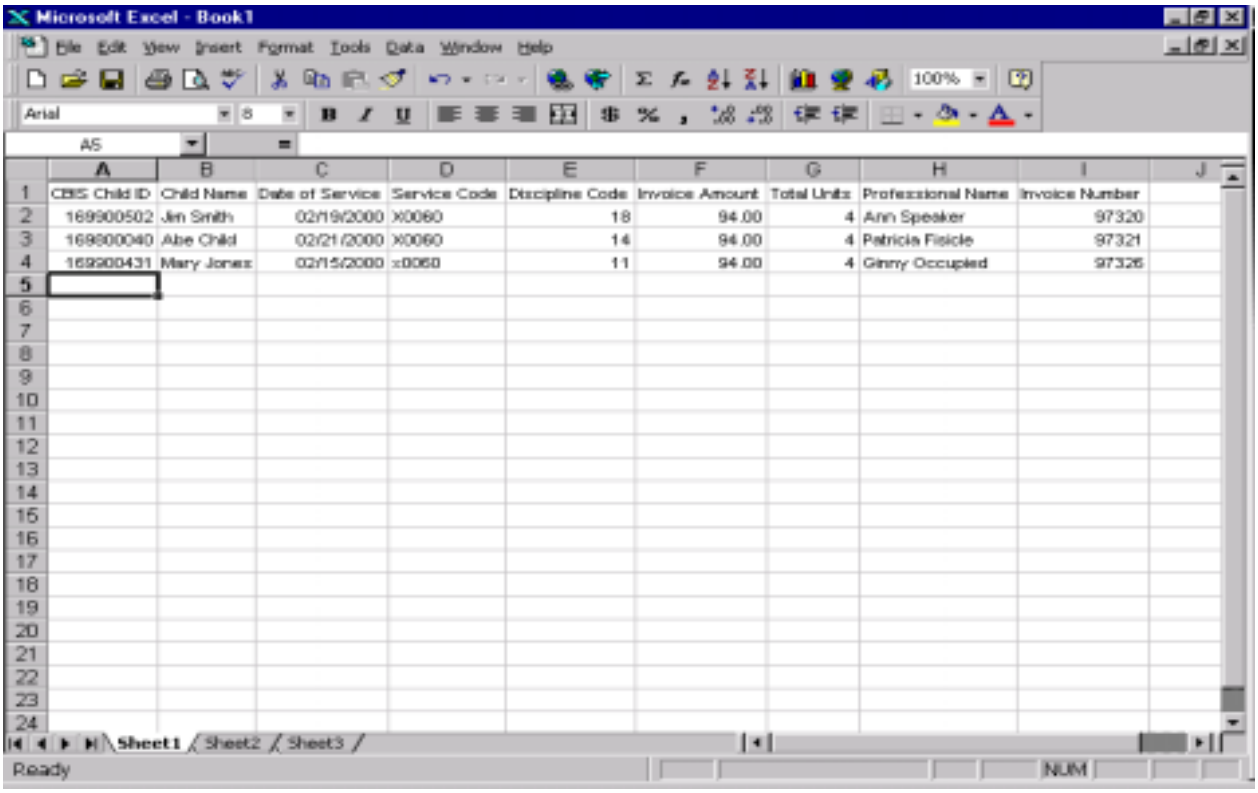
Rows 2 through ~ should contain your billing

Include only one claim per row

Enter professional Name in the following format: “Firstname Lastname” without the quote marks

Enter the CBIS Child ID without dashes (hyphens).

Enter the date of service in the format mm/dd/yyyy.



	A	B	C	D	E	F	G	H	I	J
1	CBIS Child ID	Child Name	Date of Service	Service Code	Discipline Code	Invoice Amount	Total Units	Professional Name	Invoice Number	
2	169900502	Jim Smith	02/19/2000	X0060	18	94.00	4	Ann Speaker	97320	
3	169900040	Abe Child	02/21/2000	X0060	14	94.00	4	Patricia Fisicle	97321	
4	169900431	Mary Jones	02/15/2000	x0060	11	94.00	4	Ginny Occupied	97326	
5										
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Example

CBIS ELECTRONIC BILLING FILE LAYOUT

Header Record – Record Type AA0

Field Name	Field Description	Field Type	Field Len	Start Pos.	End Pos.
RECORD ID	AA0	CHAR	3	1	3
SUB ID	(provider key) CBIS - assigned Provider Code (5-digit)	CHAR	16	4	19
SUB NAME	(provider name) CBIS - approved Provider Name	CHAR	33	41	73

Detail Record – Record Type FA0

Field Name	Field Description	Field Type	Field Len	Start Pos.	End Pos.
RECORD ID	FA0	CHAR	3	1	3
PAT CONTROL NUMBER	Child CBIS ID	CHAR	17	12	28
SVC FROM DATE	(event date) Service From Date (MMDDYYYY)	CHAR	8	40	47
HCPCS PROCEDURE CODE	Service code provided by CBIS	CHAR	5	60	64
HCPCS MODIFIER 1	Discipline code provided by CBIS	CHAR	2	65	66
LINE CHARGES	Event provider invoice amount (implied decimal between 75 and 76)	NUM	7	71	77
UNITS OF SVC	Event units	NUM	4	82	85
PROFFESSIONAL NAME	Professional name (Filler)	CHAR	50	244	293
3RD PARTY AMOUNT	Third_party_amount, decimal implied between positions 298 and 299 (Filler)	NUM	7	294	300
INVOICE NO	Event provider invoice number (optional) (Filler)	CHAR	20	301	320

Footer Record – Record Type ZA0

Field Name	Field Description	Field Type	Field Len	Start Pos.	End Pos.
RECORD ID	ZA0	CHAR	3	1	3
FILE SVC LINE COUNT	(same as for HCFA) Record Count – set to the number of DETAIL records. (Left-padded with zeroes.)	NUM	7	45	51
FILE TOTAL CHARGES	Sum of all invoice amounts (implied decimal point is between positions 78 & 79)	NUM	11	70	80

Notes:

1. Num fields are left padded with zeros and Char fields are right padded with spaced (same as HCFA 1500).
2. HCFA Provider Name (SUB NAME) is 33 characters, CBIS Provider Name can be 50 characters long. This provider name must match the Provider name stored by CBIS. The provider must use the name as defined by CBIS, which can be found on notification letters from CBIS to the provider.
3. If the detail count does not match the actual number of detail records, the file will be rejected. Likewise, if the total invoice amount does not match the sum of the invoice amounts on the detail records, the file will be rejected.
4. If the Provider ID does not match the Provider Number in the Provider table, the entire file will be rejected.
5. The Provider Name in the Header record must match the name stored by CBIS, as a check that the provider number was not mistyped.
6. If the value in any of the following fields does not EXACTLY match a value in the corresponding lookup table in CBIS database, the detail record will be rejected and must be processed manually:
   - Child CBIS ID - Discipline Code
   - Service Code - Professional Name
7. For six digit service codes (e.g. X0064A, X0014B, X0058A) omit the initial X in the data file.
8. Do not use the electronic billing option for resubmittals. Send resubmittals on paper invoices.

IFSP SUMMARY SHEET

The Summary Sheet is prepared as a summary cover for the total IFSP and should be attached to the top of the more detailed plan information. This sheet is all that needs to be copied to CBIS for service authorization. CBIS will then use the service authorization information to determine payment to First Steps providers.

There are seven IFSP summary sheets. Copies may be obtained by downloading from the CBIS website (http://cbis.louisville.edu).

Q&A

Provider Agreements & Enrollment

Q. ***If we purchase a piece of equipment for a child, do we need to be listed as an Assistive Technology provider with CBIS?***

A. No, so long as the piece of equipment is listed on the IFSP and the appropriate prior authorization approvals have been granted, any enrolled provider may be reimbursed for a piece of equipment.

Q. ***Who is handling provider agreements (both sending out and bringing in)?***

A. Currently this is being handled by the Commission for Children with Special Healthcare Needs in Louisville. You can reach the Commission by calling (502) 595-4459 ext. 282.

Q. ***What does a provider need to do to get signed up?***

A. A provider seeking to provide First Steps services needs to contact the Commission for Children with Special Healthcare Needs (502/595-4459 ext. 282) to obtain an application. Once approved the provider will need to sign an agreement with the state, complete a CBIS enrollment form, and attend provider training.

Q. ***How do I let CBIS know when we have a change of staff at the agency?***

A. If you have added or deleted staff at your agency simply complete a new Provider Enrollment form noting only the change that has been made. You may call the Commission for a copy at (502) 595-4459 ext. 282. This updated form needs to be sent to the Commission for Children with Special Healthcare Needs along with any and all required supporting documentation (proof of certifications, licenses, etc.)

Q. ***Do service providers have to enroll through the agency they represent?***

A. A qualified service provider may choose to become a private practice provider if they meet the state's requirements and sign a Provider Agreement with the state. If so, then they would be reimbursed directly by KEIS. If a service provider is paid for an approved service through an agency then they must be listed as a disciplined professional in that agency. In this case they would be reimbursed by the agency and the agency would be reimbursed by KEIS.

Q. ***How will CBIS work with independent contractors who work within an agency?***

A. A qualified service provider may be both a provider independently (with their own provider agreement with the state) and through an agency (listed as a discipline with that agency). However, professional practice regarding clients must be adhered to and the agency must have knowledge of the other service. CBIS will authorize payment to the provider (agency or independent) specified in the IFSP Summary Sheet as the entity authorized to provide that service.

Provider Billing & Reimbursement

Q. ***Are Providers employed by an agency reimbursed through CBIS privately or through the agency that they represent for their work?***

A. In this situation CBIS will reimburse the agency for the services. Providers employed by the agency are then reimbursed by that agency.

Q. ***How will reimbursement for a family's mileage work?***

A. Working through local agencies, families will complete a mileage voucher and submit it directly to the provider agency for reimbursement. The provider agency will pay the person actually providing the transportation. The agency must CBIS during its regular billing cycle for all transportation services paid for on behalf of First Steps.

Q. ***If we want a psychologist to attend ongoing IFSP meetings we need to pay them. How is this handled?***

A. The psychologist would bill his/her time as Collateral Service. The regulations state that Collateral Service covers the costs of "consultation and planning directed toward the needs of the child with professionals while attending the IFSP meeting, and consultation by and with the child's physician" (911 KAR 2:160). In order to be paid, however, the IFSP Summary Sheet must authorize the service, and the psychologist must be an approved First Steps provider.

Q. ***We have some situations where both POE Coordinators need to go and visit a child. For example, one child lives in an extremely bad part of town. How do we bill this?***

A. It is understandable that in some instances both POE Coordinators will need to visit a child together. There is no problem with this as long as the total hours billed for Initial Service Coordination do not exceed the 25 hours per child maximum per period of eligibility. The POE coordinators, as a professional team, will need to work their hours out between them so as not to exceed the 25 hour maximum. The home visit would result in two separate bills and would not be combined. Each bill would have a different professional name attached to it.

Q. ***We plan to bill electronically. Can we test our billing with a "dummy" bill?***

***A*.** Yes. CBIS can run some test bills for you to make sure everything is working all right. Please call our office (800) 781-2967 and schedule a test run.

Q*.** ***I provide services across districts. Do I bill each district for my services? Can I keep serving children throughout Kentucky?

A. Under CBIS each child's plan is funded, not the district. As long as you are an enrolled provider, serving a First Steps child, with authorization from the child's IFSP team you may bill CBIS directly – no matter what district you are in. In this way you may continue serving children throughout Kentucky.

Q. ***We use a sliding fee scale for our services, based on income. Under CBIS we are supposed to bill our "usual and customary" rate. How can we do this?***

A. Under the current structure of KEIS, parents are not required to pay for First Steps services. Since a sliding fee scale takes into account a family's ability to pay you should use your highest rate for KEIS, i.e., assume the family can make no contribution for services provided.

Q. ***I am not a Medicaid provider, nor do I plan to be. I was told, however, that I can bill for services to Medicaid funded children under CBIS. How can this be right?***

A. Under CBIS arrangement with Medicaid CBIS is the Medicaid provider for First Steps children and, as such, is the only provider of First Steps services authorized to bill Medicaid. Because of this unique arrangement you do not need to be a Medicaid provider as you will not be billing Medicaid directly. CBIS will reimburse you for your services and seek Medicaid reimbursement as the Medicaid approved provider.

Q. ***I work independently and through an agency. I bill the agency a lower rate than I do my private clients. Which rate is my "usual and customary" rate for CBIS purposes?***

A. When you bill CBIS directly you should use your usual and customary rate for your private clients. When you work through an agency it is the agency that bills CBIS directly and they should be using their usual and customary rate.

Service Authorization

Q. ***Is it possible that CBIS would deny authorization of certain services agreed upon at IFSP development?***

A. No. Some services (such as Assistive Technology in excess of $500) require approval through the KATS system prior to initiating payment through CBIS. Overall, however, CBIS will not challenge the decision of the local IFSP Team if the service is a First Steps service.

Q. ***What if a PSC exceeds the 15 hours/6 month period allowed?***

A. The regulations limit Primary Service Coordination to 15 hours per six month period. If a Primary Service Coordinator finds it necessary to spend more than the 15 hours allowed (for example, if the family is in crisis) then the Primary Service Coordinator will need to request approval from the Commission for Children with Special Healthcare Needs (phone number: 502/595-4459 ext. 278).

Q. ***What if a provider is on vacation or there's a change in staff in the middle of a service plan?***

A. When you bill for a service CBIS needs to know who provided the service for the child. At that time, CBIS will check to make sure the professional is listed on the agency's enrollment sheet. If not, payment will not be made. If staff is added (or deleted) you must complete an updated enrollment form and submit it to the Commission. It is also important that CBIS know who the PSC is for the child. If a different professional fills in for a PSC on extended vacation/absence, or there's a change of staff, an updated IFSP Summary Sheet needs to be sent in to CBIS so that we know who to contact with any questions. If there is a change in staff WITHIN the same agency delivering the service and the new professional is already approved by the Commission, you need do nothing; the agency will continue to be paid for the service until the IFSP plan expires.

Non-CBIS Providers

Q. ***Can we send a child to a Medicaid provider if that provider is not a First Steps provider?***

A. CBIS can only handle payments to First Steps providers. If, for some reason, a child must be sent to a non First Steps Medicaid provider then that provider would need to handle billing Medicaid themselves.

Program Funding

Q. ***What happens when CBIS runs out of money?***

A. The ability to closely monitor funding levels, including "encumbered funds" or those pledged through the IFSP process, allows the state to identify any additional funds that would be needed to meet the entitlement obligation. If the surveillance process identifies a potential shortage of funds, immediate administrative action would occur to address the need for additional funds. CBIS doesn't pay, the CCSHCN does. CBIS operates on a contract with CCSHCN.

Q. Are Maternal Child & Health (MCH) funds in the KEIS pool?

A. Yes

IFSP Summary Sheet

Q. ***Who is responsible for the transfer of the IFSP Summary Sheet to CBIS-- the POE or the Service Coordinator?***

A. The initial transfer of the child's information and service detail to CBIS is the responsibility of the POE. Once the initial IFSP has been completed and a Primary Service Coordinator identified the responsibility for the on-going handling of the IFSP and transfer of information to CBIS is held by the Primary Service Coordinator.

Q. ***Can we send the IFSP Summary Sheet electronically?***

A. CBIS can handle the electronic transmission of bills, but not summary sheets. To date, the IFSP Summary Sheet must be sent in hard copy form.

Q. ***What if there's a change in a service a child is receiving?***

A. If the IFSP team determines that a change in service is warranted, the PSC should complete a new IFSP Summary Sheet by indicating it is an updated form (check box in upper right corner), entering the child name and CBIS ID number, and completing the service plan information for the changed service only (no need to rewrite the whole plan). The change should also be indicated on the actual IFSP as it always has been.

Q. ***What do we do if a child becomes inactive?***

A. Once you have determined that the child is no longer in the system submit an updated Summary Sheet with the reason for the child becoming inactive. Also do this for children who age out of the program. We must report to the federal government why children left the program, including the number who went on to the Part B program, and the number who met age level norms. The Initial Service Coordinator and Primary Service Coordinator must follow appropriate procedures to close the case.

Q. ***What is the bare minimum information for the initial IFSP summary sheet? Sometimes all we have is a name given over the phone. We are required to register the child "upon first awareness" and would like to use the initial summary sheet for this purpose.***

A. "Bare minimum" information is the child's CBIS ID number, name, birth date and address and information on you/your agency so we can contact you if there are any questions. We cannot add the child to our system for payment without confirming the child is under age three and resides in Kentucky.

Q. ***What do we do if a child moves?***

A. If a child moves out of the state you will need to submit an updated IFSP Summary Sheet noting that the child has become inactive. If a child moves and remains in Kentucky submit an updated IFSP summary sheet noting the child's new address. It will be up to the new Primary Service Coordinator to coordinate any plan modifications (e.g. new providers) and submit them to CBIS making sure to use the child's CBIS ID number.

IFSP Reviews

Q. ***What if the IFSP (initial or update) is late or postponed?***

A. Bills cannot be paid until CBIS has a signed IFSP Summary Sheet. In the case of a late or postponed IFSP, CBIS will hold the bills until authorized to pay. The Program Evaluation Specialists will be notified whenever a plan is allowed to lapse.

Q. ***If a family/PSC/IFSP team is unable to complete the IFSP review until after the service plan expires, are services for the child in the interim covered?***

A. The PSC is responsible for contacting the CCSHCN for authorization to extend a plan. If a plan lapses, CBIS cannot authorize payment for the interim period without Commission approval.

Services & Disciplines

Q. ***How do we enter a discontinued service on the Summary Sheet?***

A. If a service is discontinued in the middle of a plan, it's new frequency is "0". Simply send in an updated Summary Sheet with "0" entered for frequency for that service. If it is discontinued at the end of a plan (where it is just not continued in the new plan) you need do nothing.

Q. ***Let's say that an IFSP is done and a service is recommended on the IFSP but is not yet available. Should the service be listed without a provider or should it be left out and listed under an outcome?***

A. All agreed to services, irrespective of whether there is an identified provider or not, should be reflected in the IFSP and on the Summary Sheet of the IFSP. It is the responsibility of the PSC to work with and for the family to locate a provider and handle the authorization for services. Federal and state regulations require that the IFSP reflect the needs of the child and family, as agreed to by the family; and this listing is not dependent upon the availability of services locally.

Q. Do we have to make a referral for respite?

A. Yes. Respite should be handled like any other service.

Q. ***How do agencies bill group services?***

A. State regulations (911 KAR 2:200) state that each First Steps child in a group setting, up to a maximum or three per discipline, can be billed to CBIS. The rate, per child, is based on the number of disciplined professionals present as therapists for the group. Single discipline group rates are $36 per child per hour while multidisciplinary group rates are $46 per child per hour.

Q. Is there currently a process to bill for one visit by the Primary Service Coordinator after the child turns three? This would only be used if the child/family needed additional assistance with transition.

A. This is not possible in the current system. No payment for services on or after the third birthday is allowed.

Q. ***How do we figure "collateral" time for service coordination?***

A. "Collateral" services do not apply to Service Coordinators. The only services that should be billed by service coordinators is Initial or Primary Service Coordination in-home or office based. Collateral service is used by therapeutic disciplines to provide a way to separate out time spent in direct therapy and that spent in consultation with the family, other professionals, and attending IFSP meetings.

Q. ***What do you mean when you say "community based"? I have a few day care centers I visit on a regular basis as part of my ongoing service. Do I bill this as a "community based" service?***

A. "Community based" service is intended to cover your visit to a site other than where you would normally conduct your business. It does not apply to your standard service sites. For example: a visit to a day care center becomes a "community based" service if it is not your usual place of business but it is an "office based" service if you are assigned routinely to that site. "Home/Community based" services carry a higher rate than "Office/Center based" services in order to compensate for the additional travel that may be involved in these situations.

Q. If a Medicaid child needs travel costs reimbursed will CBIS Pay?

A. Medicaid should be the first payor. At the time of the IFSP, a Medicaid transportation voucher should be sought. If Medicaid approves a transportation voucher use "other" as the payor source on the Summary sheet. If Medicaid refuses a voucher and the IFSP team agree transportation should be provided, use "First Steps" as the payor source and bill CBIS.

Q. ***What is the difference between Group Intervention services and Integrated Disciplines?***

A. Integrated Disciplines services require 3 or 5 specific disciplines to provide service to a group of children in accordance with 911 KAR 2:160 in an integrated setting where the disciplines work together to provide a more comprehensive therapeutic intervention. Group intervention is therapy where each discipline provides a unique discipline specific service.

Q. Who decides if services are group, integrated, or individual therapies?

A. The IFSP team decides what and how services are to be provided, taking into account the family's interest, available approaches, and other resources. No one model of service should be considered as the only approach to accomplish the goals for the child.

Integrated Disciplines -- center based is a category of service established to facilitate the billing of multiple disciplines in an integrated setting. Only certain providers qualify. How they accomplish the goals for the child may also be accomplished in a group setting with one discipline leading the group and other disciplines contributing, all billed as Therapeutic Intervention, group setting.

Frequency & Units

Q. ***What if you plan for service at a certain frequency but then later decide it's not needed as often?***

A. If the IFSP team feels that a change in service frequency is warranted then an updated Summary Sheet, reflecting that change, should be submitted to CBIS. Failure to do so will result in the child's service record being flagged "underservice" (or "overservice" if the IFSP called for an increase in service that wasn't updated with CBIS). This flag will be brought to the attention of the First Steps Program Evaluation Specialists, whose job it is to monitor service quality.

Q. ***If the service is Assistive Technology, it is often not possible to list a frequency on the service page. How should that be handled?***

A. Use a frequency and intensity of one (1). If you have more than one item that must be purchased, the frequency should be the number of items needed, and the unit/intensity remains one (1).

Q. ***If we spend one hour with a family, does this count as 4 units?***

A. If you spend 60 full minutes with the family then you would bill 4 units. Please note: unit billing varies by the service you provide. Service Coordination services are calculated using a different "clock" than that used for other services such as Therapeutic Intervention, Collateral, etc.

# Units	*Service Coordination Services*	*Non-Service Coordination Services*
1	1-22 *Minutes*	15-29 *Minutes*
2	23-37	30-44
3	38-52	45-59
4	53-67	60-74

Q. ***Primary Service Coordination, Initial Service Coordination, and Service Assessment each show a cap in terms of the number of hours that can be spent per child. Is this cap for each of office/center based and in-home/community or the total for both?***

A. The cap is total for the overall service. For example: you do not get a total of 30 hours of Primary Service Coordination by spending 15 hours in the office and another 15 hours in the home. There is a 15 hour cap for Primary Service Coordination in total – whether office/center based, in-home /community or a mixture of both.

Q. ***I understand we cannot use frequency ranges. Should I just go ahead and use the top of the range each time?***

A. No. It is not a good idea to use either the top or the bottom of a range. The plans should reflect services the child will actually receive. It serves as an agreement or contract with the family and a "purchase order" with the provider. As such it should be as accurate as possible. All plans will be monitored in terms of both underservice and overservice. If a plan consistently calls for a service frequency higher (or lower) than that actually delivered that child will be flagged as being underserved (or overserved). This will result in investigation by the Program Evaluation Specialists. If you use a range on the summary sheet, CBIS will enter the bottom of the range, which could impede payment when more service is required.

Q. ***The four hour limit on service assessment may not always be enough time. What do we do?***

A. If you need to exceed any of the service limits you must have pre-authorization from the Commission for Children with Special Healthcare Needs. They can be reached at (502) 595-4459 ext. 282.

Medicaid

Q. ***How do we handle EPSDT?***

A. With CBIS and its relationship with Medicaid, EPSDT is not a part of First Steps. First Steps now becomes a program under Medicaid just like EPSDT and therefore "replaces" it for these children. EPDST will continue to be used by non-First Steps providers who work with First Steps children and by providers serving children outside the First Steps program.

Q. ***What happens when Medicaid requires a co-pay. Who collects it? Do families need to pay it if services are to be provided "at no cost"?***

A. Medicaid copays are not applicable to First Steps services. First Steps is part of the Medicaid carve-out and is reimbursed directly for services. First Steps is not part of the Medicaid managed care plans.

Q. ***I understand that CBIS is now the only provider in the state authorized to bill Medicaid for First Steps services. What if a family is Medicaid eligible but opts out of participating in First Steps – can they still get Medicaid to pay for services?***

A. Yes. Families are not required to participate in First Steps. If they are Medicaid eligible they can still access those funds through their Medicaid provider (who must bill through EPSDT or other Medicaid program) without going through First Steps. However, a family in this type of situation should be aware that they will not be able to access the full array of First Steps services (e.g. Service Coordination) if they do not participate in the program. They may also be limiting themselves in their choice of provider.

Q. ***Can I see Medicaid funded kids who are more than 3 years of age through CBIS?***

A. CBIS is only authorized to pay for services provided to First Steps children – that is, children under three years of age. EPSDT, however, will continue to handle Medicaid reimbursement for all children requiring services in Kentucky who are not covered by CBIS. This includes both children who have "aged out" of the First Steps program and children who are under three but are not participating in the First Steps program.

Therefore, if you have a Medicaid funded child over the age of three you will need to bill EPSDT directly.

Third Party Insurance

Q. ***What about the co-pay on private insurance?***

A. When you bill CBIS include the amount you expect to have reimbursed from third party insurance along with the total invoice amount. CBIS will pay you the difference between the two as long as the combined amount of that paid by the third party insurance and CBIS does not exceed the state maximum. In this way CBIS will cover the co-pay as well as any other amount that the third party insurance declines.

Q. ***If we wind up using individual insurance, is this a possible scenario? We find that accessing insurance will incur costs; those costs are then paid by the family then reimbursed by First Steps.***

A. No. Under current rules, parents should not have to pay any costs. If the insurance requires a co-pay the provider should bill CBIS for that amount as well as any other expenses not covered by the third party insurance. The only stipulation is that the total amount billed to the private insurance and CBIS cannot exceed the maximum allowed in the regulations.

IFSP Summary Sheet "Payor"

Q. ***How do we determine when a family is to use their insurance or CBIS funds?***

A. Currently it is at the parents' own discretion whether or not they choose to use private insurance. If they opt to use insurance that ends up paying at least as much as their monthly Family Share however, they can be exempt from paying Family Share. It is also important to note that if they are Medicaid eligible and decline to use their private insurance Medicaid will not cover the expenses. Thus, under our current set up, KEIS funds are used in place of Medicaid in those instances where Medicaid eligible parents have private insurance. This eliminates any potential for a family to feel pressured to use their insurance when they don't wish to.

Q. ***Isn't it CBIS's responsibility to sort out who pays for what? Completing the funding space column on the service page may be difficult at the time of the IFSP. Is it necessary if CBIS is aware of the possible resources and will be determining the payment source?***

A. It is a federal requirement that the fund source be identified on the IFSP. At this point in time, you need only select one of two funding sources – First Steps or Other. Use "First Steps" when CBIS will receive any portion of a bill. Use "Other" when CBIS will not receive any requests for payment.

Summary Reports & Notification

Q. ***Will the District Early Intervention Committees, through the coordinator, receive copies of the monthly service/payment summaries?***

A. The DEIC will not receive individual family information because of confidentiality issues. CBIS can provide district statistical data for planning purposes if desired.

Q. ***How do families receive reports?***

A. CBIS will automatically send service reports to parents twice a year 60 days prior to the next IFSP review.

Q. ***When will families receive notice of the cost of their services?***

A. Sixty days prior to the expiration of the IFSP the family will receive a letter letting them know to expect a call from their Primary Service Coordinator to begin a new plan. This same communication will include a list of all the services the child received during the prior six months and the costs of those services.

Forms & Contacts

Q. ***Do you have the software for the modified format HCFA 1500?***

A. We are not providing software at this time. If you choose to bill electronically, you are responsible for creating a file as specified elsewhere in the manual.

Q. Can we get a copy of the Summary Sheet on disk?

A. You may download all of the summary sheets, and the billing from from our website at http://cbis.louisville.edu

Q. ***Can we have one-on-one help if we get stuck?***

A. We'll do our best. For billing related questions call CBIS at (800) 781-2967 or (502) 852-7699 and we'll try to handle whatever problem you might have. For service or program related questions (such as how to fill out the IFSP form or clarification of which service you should be billing for in a particular situation) contact the Technical Assistant for your district.

Q. ***Our agency does not use the HCFA 1500. Instead we use the UB92. How do we handle billing CBIS?***

A. CBIS will accept any format for hard copy invoicing so long as it includes the same information requested on CBIS Billing Form (see detail section of manual). Therefore, you can bill using a paper UB92, so long as you add CBIS information not already included on the UB92. This will require adapting your UB92 or writing in additional information.

Monitoring

Q. ***It's possible to have an IFSP that contains unnecessary services. Who checks to make sure IFSP Summary Sheets are appropriate before CBIS gets the go-ahead to pay bills?***

A. The regulations require that two agencies be represented at all IFSP meetings. This provides a "double check" on the appropriateness of the recommended services. The PSC should ensure, by signing the Summary Sheet, that the information contained in the IFSP and the Summary Sheet is appropriate.

Q. ***Most providers bill about 80% of the plan (no-shows, vacations, etc.). If a provider bills 100% of the plan (could happen through honest error-- person billing just does it monthly without checking) can you catch it?***

A. Reports go to the PSC and the parents who may be able to pick up any problem of this kind. In addition the Program Evaluation Specialists will be able to identify any consistent problem as they identify providers who are above or below average in terms of service delivery. However, it is always the responsibility of the provider to ensure their billing is accurate and that they are not billing fraudulently (either unintentionally or otherwise).

CBIS Child ID#

Q. ***How are kids given numbers under CBIS?***

A. The point of any child numbering system is to assure uniqueness of the record. With so many different numbering systems in use across the state, CBIS needs to issue a new unique child ID number to preclude any duplication. At start up CBIS will assign this number and notify the POE. Following that the POEs will assign numbers using a number assignment log provided by CBIS. The Child ID number is 9 digits: the first two digits identify the POE, the second two identify the year the child entered the system, and the last five digits are unique, sequential numbers.

Eligibility

Q. ***How do we handle children if we don't know whether they're eligible or not?***

A. KEIS covers the eligibility evaluation of any child who comes in through a legitimate referral. To authorize payment of the eligibility evaluation the child must be entered into the system by the POE who will assign a CBIS ID number and complete an IFSP Summary Sheet authorizing the evaluation. This insures that the initial evaluation is paid for even if the child turns out to not be eligible.